



## TSI Program 2023-2024 Student's Daily Attendance

Name of Teacher/Staff:	
Date Holding Session:	
Subject Area(s):	
Campus:	

**Important:** This form will be completed and submitted to the State and Federal Programs Department along with your **time sheet and payroll request form**. Please keep track of daily student attendance by completing the appropriate fields listed below.

(Please have students sign in and sign out.)						
	ID#	Grade	Student's Name (Print)	Subject	Time In	Time Out
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						

By signing below, I certify this tutoring report is true and correct.

\_\_\_\_\_  
Teacher's/Staff's Name (Print)

\_\_\_\_\_  
Teacher's/Staff's Signature

*I am aware that any false, fictitious or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims." [2 CFR 200.415 (UGG)]*